

Clover

makes it easy to pay your monthly premium.

SEND FORM TO:
 Clover Health
 P.O. Box 824710
 Philadelphia, PA 19182-4710

When you sign up for Electronic Funds Transfer (EFT), monthly plan premium payments are made electronically from your checking or savings account. There are no sign-up fees and no transaction charges.

1. Complete the authorization form below.

Payments from checking accounts:

Send this form along with the name of the financial institution and an original voided check. "Starter" checks for new accounts cannot be used. The voided check should include your name, address, account number, and the bank's routing number.

Payments from savings accounts:

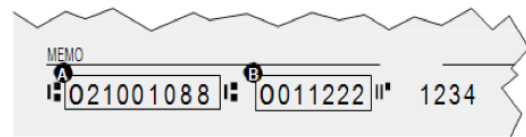
Send this form along with the name of the financial institution and an original deposit slip. Either write in your account number and the bank routing number (see illustration for which numbers to write) or make sure they are on your savings deposit slip.

Be sure to sign the form.

2. As soon as we get confirmation of your information and account status, the EFT program will begin.

PLEASE NOTE: It may take up to two months to process your request for EFT. During this time, you should continue paying your bills by check.

3. You will receive written confirmation that you are enrolled in the program.



- A** The bank routing number is nine characters long and appears between the **⎓** symbols, usually at the bottom left corner of your check.
- B** Your account number is 5 to 22 characters long and appears next to the **⎓** symbol at the bottom of your check, usually to the right of your bank routing number.

PAYMENT AUTHORIZATION			
<p>I authorize my bank or savings institution to make payments to Clover from the account listed below. I understand this authorization may be revoked by me at any time by calling Member Services at the number below to discontinue my automatic payment. I agree to maintain sufficient funds in the account to permit these deductions. If the account does not maintain sufficient funds, I will receive a paper bill via US mail. If sufficient funds are not maintained during the next billing cycle, my EFT account will be cancelled. The institution has no financial liability, except due to an error by the institution or by Clover. The institution may charge me a fee for having non-sufficient funds.</p>			
Name:	Financial institution:	Select payment preference: <input type="checkbox"/> Checking account (attach an original voided check) <input type="checkbox"/> Statement savings (no passbook, attach original deposit slip)	
Member ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Phone #: (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"><input type="text"/><input type="text"/></input>	Bank routing #: (9 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature:	Today's Date: (MM/DD/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Bank account #: (if less than 17 digits, leave final boxes blank) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature of Clover member: (if not bank account holder)	Today's Date: (MM/DD/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Bank account #: (if less than 17 digits, leave final boxes blank) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Questions? Call toll free [1-888-657-1207](tel:1-888-657-1207) (TTY 711), 8 am-8 pm local time, 7 days a week. Between April 1st and September 30th voicemail will be used on the weekends and holidays.